



U. S. Environmental Protection Agency Region 4
PCB and Chemical Products Management Section
61 Forsyth Street, SW
Atlanta, GA 30303

ICIS DATA ENTRY FORM
FEDERAL AND STATE COMPLIANCE MONITORING ACTIVITY

Page 1 of

☐ EPA Inspection
☐ State Inspection: _____

(Identify State)

FACILITY INFORMATION

ICIS Facility Programmatic ID (Data Entry Specialist use only):

Date Entered: _____

1. Facility Site Name (Official name no abbreviations)

Recycletronics

2. Address (no abbreviations)

7000 Cobb International Blvd

3. City

Kennesaw

4. State

GA

5. Zip Code

3052

6. County

Cobb

7. Primary SIC or NAICS Code
(if known)

42393

8. Environmental Justice (EPA use only)



Minority/Low Income



Low Income



Minority

9. Tribal Land (Identify - EPA use only)

10. Small Business (PCB Facilities <100 employees)



Yes



No

11. Federal Agency (Describe)

12. Facility Ownership (Describe: e.g., Corporation, Individual, Federal, State, etc.)

Corporation

COMPLIANCE MONITORING INFORMATION

13. Compliance Monitoring Type (Check appropriate selection)

Inspection



Federal



State

Information Request (IRL)



Federal (EPA Use Only)

(Data entry tip: In ICIS always enter "Federal" regardless of selection above.)

14. Statute



FIFRA



TSCA

15. Law Section(s) - (select all that apply)

PCBs



TSCA 6: PCBs

(Data entry tip: Two TSCA 6 selections in ICIS, PCB is the second TSCA 6 selection)

Core TSCA



TSCA 5:



TSCA 8: Existing Chemicals



TSCA 12:



TSCA 13:

FIFRA



FIFRA 8: Establishment Registration



FIFRA 9: Establishment Registration



FIFRA 8: Labels, Reg. Issues, etc. (not Antimicrobial)



FIFRA 9: Labels, Reg. Issues, etc. (not Antimicrobial)



FIFRA 8: Recordkeeping



FIFRA 9: Recordkeeping



FIFRA 13: Stop Sale, Remove, and Seizure.: Imports

16. Compliance Monitoring Category

Comprehensive

17. Region

Region 4

18. Compliance Monitoring Activity Name (For EPA data entry use only)

19. Compliance Monitoring Type - (select all that apply)

FIFRA



Export



Import



Establishment: General Products



Establishment: Records



Establishment: Specific Product Review

TSCA



Premanufacture Notice



Significant New Use Rule



PCB



Inventory Rule



Export



Import

Information Request (IRL) (EPA use only)



Formal



Informal

(For TSCA always select informal)

If one of these blocks is checked Sections 27 - 31
of this form are NOT to be completed.

INSPECTION DATES

20. Inspection Dates

Actual Start Date (Inspection)

2/22/2012

Actual End Date (Inspection)

2/22/2012

(If IRL, date IRL signed by management)

(If IRL, date IRL signed by management)

21. Compliance Monitoring Activity Reason



Core Program



Agency Priority



Citizen Tip/Complaint



For Cause

22. Compliance Monitoring Agency Type



State



U.S. EPA

23. If State lead, did EPA assist?



Yes



No



FEDERAL AND STATE COMPLIANCE MONITORING ACTIVITY

Page 2 of 2

Facility Site Name (Repeat from page 1, item 1)

Recycletronics

24. Was this a State, Federal or Joint Inspection?

- ☐ State
☒ Federal
☐ Joint (State/Federal)

25. If joint, what was the purpose of the participation of the other party?

- ☐ True Joint with EPA and State
☐ Oversight Purposes
☐ Training Purposes
☐ Assist State

26. Which party had the lead?

- ☐ State
☒ U.S. EPA

INSPECTION CONCLUSION DATA SHEET

(Sections 27-31 are NOT to be completed if an IRL.)

27. Did you observe deficiencies during the on-site inspection?

☒ Yes ☐ No

If yes, check all deficiencies observed (potential failure to):

- ☐ complete or submit a notification, report, certification, or manifest follow a permit condition(s).
☒ follow a required sample monitoring procedure or lab procedure.
☒ follow or develop a required management practice or procedure.
☒ identify and manage a regulated waste or pollutant.

- ☒ maintain/inspect/repair equipment
☒ maintain a record.
☐ obtain a permit, product approval or certification.
☐ report regulated events such as spill, accidents, etc.
☒ Incorrect use of material or use of unapproved material.
☐ Violation of a compliance schedule in a compliance order.

28. If you observed deficiencies, did you communicate them to the Facility during the inspection?

☒ Yes ☐ No

29. Did you observe the Facility take any actions during the inspection to address the deficiencies noted?

☐ Yes ☒ No

If yes, check all actions were taken:

- ☐ Correct(ed) Record Keeping Deficiencies
☐ Correct(ed) Monitoring Deficiencies
☐ Correct(ed) a Notification or Report

- ☐ Implemented New or Improved Management Practices or Procedures
☐ Improved Pollutant Identification (i.e., Labeling, Manifesting, Storage, etc.)
☐ Reduced Pollution

30. Did you provide Compliance Assistance (i.e., general assistance with the requirements of the regulations)?

☒ Yes ☐ No

31. Did you provide site-specific Compliance Assistance (i.e., specific details on what the facility needs to do to comply)?

☒ Yes ☐ No

PRIORITIES

32. National Priority

- ☐ 2007 - Tribal
☐ 2007 - Mineral Processing: Mining
☐ 2007 - Mineral Processing: Non- Phosphoric Acid
☐ 2007 - Mineral Processing: Phosphoric Acid
☐ 2007 - Petroleum Refining

33. Regional Priority
NA

COMPLIANCE MONITORING MEDIA INDICATOR

34. Multimedia (EPA use only)

☐ Check box if this was a multimedia inspection

INSPECTOR COMMENTS

35. Inspector Comments:

USER DEFINED FIELDS

36. User Defined Field Number 2

☐

(Check box if a PCB Storage or Disposal facility inspection) (Data Entry Tip: If checked, type ACS in Field 2)

CONTACTS

37. Inspector First Name

Inspector Last Name

Affiliation

(Identify State if a State Inspector)

- | Inspector First Name | Inspector Last Name | Affiliation | (Identify State if a State Inspector) |
|----------------------|---------------------|---|---------------------------------------|
| 1. Brooke | York | <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> State: _____ |
| 2. Randy | Jackson | <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> State: _____ |
| 3. Bill | Kapler | <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> State: _____ |
| 4. Paula | Whiting | <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> State: _____ |
| 5. _____ | _____ | <input type="checkbox"/> EPA | <input type="checkbox"/> State: _____ |

SUB ACTIVITIES (EPA use only)

38. Date State Inspection Report Received

39. Date IRL Response Received